

1761

**BAKER BOTTS LLP**

Please type a plus sign (+) inside this box → **+**

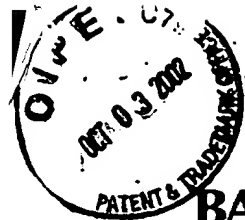
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/700,512
	Filing Date	November 13, 2000
	First Named Inventor	Scullion et al.
	Group Art Unit	1761
	Examiner Name	Sherrer
Total Number of Pages in This Submission	Attorney Docket Number	A33718 PCT USA

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <input type="checkbox"/>		

RECEIVED  
OCT - 7 2002  
101700 MAIL ROOM

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112
Signature	 Att Name: Paul A. Ragusa PTO Reg: 38,857
Date	September 27, 2002

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: September 27, 2002	
Typed or printed name	Paul A. Ragusa
Signature	
Date	September 27, 2002

**BAKER BOTTS LLP**

# FEE TRANSMITTAL for FY 2001

*Patent fees are subject to annual revision.*

TOTAL AMOUNT OF PAYMENT (\$ ) 0

Complete if Known

Application Number	09/700,512
Filing Date	November 13, 2000
First Named Inventor	Scullion et al.
Examiner Name	Sherrer
Group Art Unit	1761
Attorney Docket No.	A33718 PCT USA

RECEIVED  
OCT - 17 2001  
10:10:01 AM

METHOD OF PAYMENT		FEE CALCULATION (continued)	
<b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 02-4377 Deposit Account Name: Baker Botts LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>	
<b>2.</b> <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
740	370	Utility filing fee	
330	165	Design filing fee	
510	255	Plant filing fee	
740	370	Reissue filing fee	
160	80	Provisional filing fee	
SUBTOTAL (1) (\$ ) 0			
<b>2. EXTRA CLAIM FEES</b>			
Total Claims	20 ** = 0	Extra Claims Fee from below	Fee Paid
Independent Claims	3 ** = 0		
Multiple Dependent			
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	
18	9	Claims in excess of 20	
84	42	Independent claims in excess of 3	
280	140	Multiple dependent claim, if not paid	
84	42	** Reissue independent claims over original patent	
18	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$ ) 0			
*or number previously paid, if greater; For Reissues, see above			
		Other fee (specify) _____	
		SUBTOTAL (3) (\$ ) 0	
		*Reduced by Basic Filing Fee Paid	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Paul A. Ragusa	Registration No. (Attorney/Agent)	38,857
Signature		Telephone	(212) 408-2588
		Date	September 27, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



**BAKER BOTTS** LLP

Attorney Docket Number: A33718 PCT USA

Title:

A BEVERAGE

RECEIVED  
OCT - 7 2002  
TC 1700 MAIL ROOM

Use Space Below for Additional Information: